



## Indiana First Steps Outcome Progress Report



Complete this cover sheet and attach an outcome sheet for each outcome. This report must be completed using this form. Please submit this report electronically by saving and emailing to the SPOE office and to the service coordinator.

### Child' Information:

Name:

First Steps ID#:          DOB:

Chronological Age:          Adjusted Age:

Medical Diagnosis (if applicable):

### Family Information:

Parent / Guardian Name:

Address:          Phone:

Email:

### Provider completing this report:

Name:          Discipline:

Phone:          Email:

### Team Information: (Team information is found in Sections 3 & 8 of the child's most current IFSP.)

Service Coordinator:          Email:

ED Team Lead:          Email:

Other Team Members, including all providers and ED Team members:

Physician:

### IFSP and Service Delivery Information

IFSP Date:          IFSP frequency / intensity:

Was this a new auth for this reporting period? (Y / N)          If yes, date you first saw child:

No. completed visits:          No. missed visits:

Missed visits due to: ☐ Family reason (Please explain:          )

☐ Provider reason (Please explain:          )          Were make-up visits offered?: ☐ Yes ☐ No

**Ongoing providers are to review this progress report with the parent and provide them with a signed copy.** Date a copy of this report was shared / will be shared with parent:

### Report Date:

#### Reporting Period:

- |  |  |
|--|--|
| <input type="checkbox"/> 3 <sup>rd</sup> month   | <input type="checkbox"/> 9 <sup>th</sup> month |
| <input type="checkbox"/> 5 <sup>th</sup> month   | <input type="checkbox"/> Annual review         |
| <input type="checkbox"/> Discharge* (please include exit interview developmental observation form) |  |
| <input type="checkbox"/> Other:  |  |



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**Child's Name:**

**Date:**

**Pg.**

### **Outcome Review (Include one page for each outcome reviewed.)**

*Outcome # as listed on IFSP:*

List specific short term goals and strategies used over this reporting period to support achievement of this outcome:

### **Outcome progress: Check the appropriate progress level and use space below for narrative.**

☐ This outcome has been achieved. (Narrative must include at least 3 specific skill examples that indicate progress / achievement.)

☐ This outcome has been partially met. (Narrative must include at least 3 specific skill examples that indicate this progress and modifications that might be made to support additional progress.)

☐ This outcome has not yet been met. (Narrative must include at least 3 specific skill examples that indicate that progress has not been made and modifications that might be made to support future progress in this area.)

### **Narrative:**

**Next Steps:** This outcome should be:

☐ Continued as written

☐ Discontinued as Achieved; Suggested next outcome:

☐ Modified by:

☐ Discontinued as not appropriate at this time and modified by:

### **Additional Notes:**



First Steps

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First Steps

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**Date:**

**Pg.**

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**Next Steps:** This outcome should be:

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- ☐ Discontinued as Achieved; Suggested next outcome:
- ☐ Modified by:
- ☐ Discontinued as not appropriate at this time and modified by:

### **Additional Notes:**



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Child's Name:

Date:

Pg.

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First Steps

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First Steps

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☐ Discontinued as not appropriate at this time and modified by:

### Additional Notes:

Date:

Provider Name / Provider Signature\* \*

*If this progress report is submitted digitally, the provider must maintain an original signature in their files and provide a signed copy to the parent / guardian.*

\*\* If using more than one Outcome Review page, it is only necessary to sign the last page.

### Notes: